



City of Tucson

Domestic Partnership Termination Statement

I (or we), the undersigned declare that:

the domestic partnership between _____, _____
Name Date of Birth

and _____, _____
Name Date of Birth

is terminated effective _____.
Date

If signed by only one partner: I _____ further declare that I have notified my
Name

domestic partner _____ of the filing of this termination statement, in writing to
Name

the last known address of my domestic partner.

Print Name

Signature

Subscribed and sworn to (or affirmed) before me

on _____, 2 _____

by _____

Notary Public for the State of Arizona

My Commission Expires: _____

City of Tucson
Filing Date _____
Reg. Number _____